

# RADFORD UNIVERSITY

## Financial Aid

Financial Aid Office · P.O. Box 6905 · Radford, Virginia 24142  
Phone (540) 831-5408 · Fax (540) 831-5138 · Text: (540) 328-9360 · [финаid@radford.edu](mailto:финаid@radford.edu)  
<https://www.radford.edu/финаid>

### 2023-2024 Family Members Listing Form

Student's Name \_\_\_\_\_ Radford ID# \_\_\_\_\_

Write the names of all family members in the chart below. Include other children/people as part of your family only if they lived with you/your parents and got more than half of their support from you/your parents at the time you completed your student aid application -AND – they will continue to get more than half of their support from you or your parents from July 1, 2023 through June 30, 2024.

Also write in the name of the college for any family member (**with the exception of parents**) who will be attending college at least half time between July 1, 2023 and June 30, 2024 and will be enrolled in at least 6 credit hours in at least one term in a degree or certificate program. If you need additional space, attach a separate page.

Full Name of Family Member	Age	Relationship	Will attend college at least half time in the 2023-2024 school year? (Do NOT include parents)		Name of the college this person will attend in 2023-2024	Year in College
			YES	NO		
(ex) YOU		SELF	X		Radford University	FRESH

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This "Family Members Listing Form" requires hand written signatures to be considered complete. Forms submitted with typed signatures will not be accepted and will require you to resubmit the form.**

Return this form and all documents to: Financial Aid Office, Radford University, P O Box 6905, Radford, VA 24142.